

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/56868

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4	2					
5	2					
6	2					
7	2					
8	(1)					
9	(1)					
10	(1)					
11	(1)					
12	(1)					
13	(1)					
14	1					
15	1					
16	2					
17	(1)					
18	(1)					
19	(1)					
20	(1)					
21	(1)					
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24	(1)					
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49						
50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	44	←		←		←
TOTAL CLAIMS	48	████████		████████		████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		████████		████████		████████